

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)	
Farrell	Steven C					
1. Office, Agency, or Court						
Agency Name (Do not						
Association of California Water Agencies/Joint Powers Insurance Authority						
Division, Board, Department, District, if applicable Your Position				า	_	
Board of Directors		Director				
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)						
Agency: Crestline V	Agency: Crestline Village Water District		Position: Director			
2. Jurisdiction of O	ffice (Check at least one box)					
☐ State	,		☐ Judge or C	Court Commissioner (S	tatewide Jurisdiction)	
_	Statewide					
	✓ Multi-County		County of			
City of			U Other			
3. Type of Stateme	nt (Check at least one box)					
✓ Annual: The perio	d covered is January 1, 2013, thro	ough	Leaving C			
	d covered is/	, through		eriod covered is Janua g office.	ry 1, 2013, through the date of	
Assuming Office:	Date assumed//			eriod covered is te of leaving office.	_/, through	
Candidate: Election year and office sought, if different than Part 1:						
4. Schedule Summa	ary					
Check applicable sche	dules or "None."	► Total	number of pag	es including this	cover page:	
Schedule A-1 - Inv	estments – schedule attached		Schedule C - /r/	ncome, Loans, & Busin	ness Positions – schedule attached	
			Schedule D - In	Schedule D - Income - Gifts - schedule attached		
Schedule B - Real	Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached					
-or- None - No reportable interests on any schedule						
5. Verification						
MAILING ADDRESS	STREET	CITY		STATE	ZIP CODE	
(Business or Agency Address	Recommended - Public Document)					
PO Box 3347 DAYTIME TELEPHONE NUMBER DAYTI	DED.	Crestline	F MAIL ADDDESS (ODT	CA	923253347	
(909) 338-172			E-MAIL ADDRESS (OPT			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.						
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
Date Signed	· · · · · · · · · · · · · · · · · · ·					
	(month, day, year)			(File the originally signed stater	ment with your filing official.)	